

**WASHINGTON STATE INSURANCE COMMISSIONER
REQUEST FOR COURSE AND CREDIT APPROVAL
FOR INSURANCE CONTINUING EDUCATION**

E-Mail Address: InsEdu@oic.wa.gov

or Fax: (360) 586-2019

Do not use this form to notify OIC of subsequent course offerings. E-mail or fax the Notice. Course Title: (Max 50 characters)	
Total Credit Hours Requested: _____ Ethics content hours included _____	
Course number if adding a course approved for another provider: _____	
Provider Number: Provider Name: Address: City: State Zip Telephone No.: Contact Person: E-Mail:	<u>Deadline:</u> Submit at least 20 days prior to offering. First Offering: Date: _____ Time: _____ Class Location Address or Web Site Address if an on-line course:
LECTURE/Webinar <input type="checkbox"/> Attendance – Signature of each attendee required. Monitor required at each classroom.	SELF STUDY <input type="checkbox"/> Self Study - Examination required. Course Word Count? Ethics W C? <input type="checkbox"/> Basic/ <input type="checkbox"/> Intermediate/ <input type="checkbox"/> Advanced level.

I AGREE (a) to maintain an enrollment and completion record (examination) for a self study course and a Sign-in/Out Register for a lecture course; (b) to submit a continuing education roster within 10 days for each student in a format as approved by the Commissioner; (c) to provide a certificate of completion within 10 days to each student who has successfully completed course requirements; and (d) to comply with regulations issued by the Office of the Insurance Commissioner regarding continuing education.

NECESSARY ENCLOSURES FOR COURSE APPROVAL: Maintain copies for three years. (1) Lecture Course: Timed topic outline. (Time allotted for each topic) with biography of instructor/speaker. (2) Self Study: Topic outline, exam, study material and course word count.	
Name and title of submitter: _____	
Signature: _____	Date e-mailed or faxed: _____
You cannot advertise a continuing education course until approved by the OIC.	